FORM	C-AC		_
	PUBLIC SERVICE CO	OMMISSION OF SOUTH	CAROLINA COPY
	ATTN: DO	OCKETING DEPARTMENT	· · · · · · · · · · · · · · · · · · ·
	101 EX.E	CUTIVE CENTER DRIVE	Posted:
	CO	TIMBIA CO 2021A	Dept:
	(Mailing address: Post	Office Box 11649, Columbia 0007 - 108-T	a, SC 29211) _{Date:}
	(Office # 803-896-5100)	,	RA3_806 510@3
CLASS	C - NON-EMERGENCY	DATE 2-12	803-896-519 9) me:, 20 <u>0</u>
APPLI	CATION FOR CERTIFICAT FOR OPERATION	E OF PUBLIC CONVENI OF MOTOR VEHICLE C	ENCE AND NECESSITY
Applicati provision	ion is hereby made for a Certificate of of S.C. Code Ann., § 58-23-10, et se	Public Convenience and Manager	
1.	Name under which business is to with or without trade name.)	to be conducted (corporation, part	mership, or sole proprietorship,
LA	reside MEDICAL É	esponses, IN	<u> </u>
2.	(a) Street Address of Applicant	170 S. RON M	Ichain Blud
	(b) Mailing address, if different		
	SAME		
	(c) Telephone Number 843	374-748.0ss1	
3.	If incorporated, a copy of Article SC, need SC Secretary of State '	es of Incorporation must be attach 'Foreign Corporation' Certificate	ned.(If incorporated outside of
4.	a corporation, maines and advices	addresses of all persons having an ses of two principal officers will	be sufficient.
	514 A MCEKA MCE 1908 Beighdoon (The proposed service to be provi Exhibit "C" included herewith.	bffic	
	1908 BRIGADION	'N FLORENCE, SC 2	79505
5,	The proposed service to be provi Exhibit "C" included herewith.	ded and the proposed rates and cl	harges for such service, per
RECEIN	The proposed list of equipment is	s as per Exhibit "D" included her	ewith. FEB 2 0 2007
MAR 28	7001		PSC 50
~cC.5	3C _	2	DOCKETING DEPT

PSC SC MAIL DMS

 Applicant is financially able to furnish the services a statement of assets and liabilities. 	s specified in this Application and submits the following
BALANCE SHEET	Balance at Time Application is Filed: Month: 2 Year: 07
Assets:	
Cash 15.000	
Receivables 20,000	
Real Estate &	
Buildings and Equipment-Net 2,000	
Motor Vehicles-Net 75,000	
Garage Equipment-Net	
Machinery and Tools-Net / , Oo 0	
Supplies on Hand 2500	
Prepaids and Other Assets	
Total Assets 65,500	
,	
Liabilities and Equity:	
Accounts Payable 500	
Notes Payable 5,000	
Mortgages Payable	
Equipment Obligations Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities 5,000	
Total Clabilities S, EUO	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	
8. Applicant is familiar with the provision of S.C. Code Ann R.103-100 through R.103-241 of the Commission's Pulsa and	., §58-23-10, et seq. (1976), and amendments thereto, and
	I MACTIVISTIANS FOR MEANING CO
of the Deliar line of the peliar of bill	DitC Salety's Rules and Demalations for Manual
23A, S.C. Code Ann., 1976) and amendments thereto, and her	eby promises compliance therewith.
STATE OF SOUTH CAROLINA,	
, , , , , , , , , , , , , , , , , , ,	
COUNTY OF + COLENCE	
1. Shameera S monuffie PRFS	
(3)	SIDENT
of LAGODA MANTOAL PROMOTING ASSESSMENT	Contract of the contract of th
Public Convenience and Necessity as set forth in the foregoing, swear or true and correct.	affirm that all statements contained in the
true and correct.	arrant mat all statements contained in the above Application are
CWADY TO BEHADE 1	•
SWORN TO BEFORE ME	
At John To	
This the 14th day of Jels 2007	
Thomas Bird I No	$L = \lambda m \Delta u^{-1}$
(Notary Public)	L D. Molleffer
(Signami	re of Applicant's Representative
Commission Expires: May 6, 2008	
/	

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LAKESIDE MEDICAL RESPONSES, INC.,

a corporation duly organized under the laws of the State of South Carolina on September 11th, 2006, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 13th day of September, 2006.

Mark Hammond, Secretary of State

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant LAGESIDE MEDICAL RE	2 Sponse
For the transportation of passengers as follows:	
Area to be served:STAHWide	
Number of passengers: 3	
Fares: 100 m. Le	
Date 2-12-07 x Shamula	S. Maye
PRESTOE Title	WI

Rev. 8/00

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA DESCRIPTION OF EQUIPMENT

	MODEL &				WEIGHT	CARE	YING
YEAR	MAKE	VIN#			EMPTY	CAPA	CITY *
2003	FORD 6	=-250	#1FTN	F 24 272	5HB79U2155	2-1-	1-7
				<u> </u>	200 19031	73/_	1-1
		· · · · · · · · · · · · · · · · · · ·					
							
+ 0							
* Seats if	passenger ca	arrier.					
			_				
				(Applica	ant)		-
Date:							
			(4	Applicant's Re	presentative)		-
			_				
				(Title)			•

INSURANCE QUOTE

The following insurance quote is for
Hakeside Medical Response
(Name of Motor Carrier)
(Address of Motor Carrier)
(symmoss of tatoms Califer)
Amount of Premium:
Liability Insurance \$1,000,000
The above quoted premium is for a term of 12 months.
Minimum Limits - Intrastate Only:
1 - 7 passengers - 25,000/50,000/10,000 8 - 15 passengers - 25,000/100,000/10,000
- Pational Convalty Comme
(Insurance Company Name)
Due Pationavide Plana Columbus OH 43215
(Home Office Address of Company)
is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
3/03/07 - Sunda Source
Date (Authorized Insurance Company Representative)

PAGE 6 OF 7

EXHIBIT FWA

Name	e: LAKESIBE MEDIC	AL Res	sponse.
Addr	ess: 710 S. Ron M	Chair	Blud Unit A 295-40
<u>Telep</u>	phone No. 843-3747480Fax N	o <u>. 374-7</u>	489
<u>U.S.I</u>	D.Q.T. No.	ICC No.	
I.	Does Applicant have a Safety Rating	from the U.S.	.D.O.T.?
2.	Yes No Pend Pend (If "yes", indicate rating and provide Have any of Applicant's drivers or w	copy)	(Submit when received) Satisfactory Conditional Unsatisfactory laces "out of service" by Transport Police safety
	officers in the past twelve (12) mont	hs?	faces out of service by Transport Police safety
3.	Are there currently any outstanding i	udgement(s) a	gainst Applicant?
	(If "yes", indicate nature of judgeme	at(s).	
4.	Is Applicant familiar with all statutes motor carrier operations in South Carstatutes and regulations? YesNo	and regulation to and doe	ns, including safety regulations, governing for-hire s applicant agree to operate in compliance with these
5.	Yes No	st he completed	l, listing current insurance premiums. At the discretion of ay be required. Do not provide copy of insurance policies
	Sworn to before me	Marca & (Appli	cant's Signature)
At	Horence Se 14th day of Jeb, 2007 Komen Brichne (Notary Public)		
Commi	ission Expires: May 6 2008		

APPLICANT'S OATH

Information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

(Applicant's Signature)

Sworn to before me

This / 4 day of

_, 20<u>0</u>7

(Notary Public)

Commission Expires: May 6, 2008